

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mm</i>	<i>67814</i>	<i>3/6/00</i>
O.I.P.E. CLASSIFIER		<i>14</i>	<i>3/2/00</i>
FORMALITY REVIEW		<i>61001</i>	<i>5/3/00</i>
RESPONSE FORMALITY REVIEW			<i>5/30/00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 +/- ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	03/12/00
2	✓	✓	03/12/00
3	✓	✓	03/12/00
4	✓	✓	03/12/00
5	✓	✓	03/12/00
6	✓	✓	03/12/00
7	✓	✓	03/12/00
8	✓	✓	03/12/00
9	✓	✓	03/12/00
10	✓	✓	03/12/00
11	✓	✓	03/12/00
12	✓	✓	03/12/00
13	✓	✓	03/12/00
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18	✓	✓	03/12/00
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If more than 150 claims or 10 actions  
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